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Research topics by Dr. Engs have included the exploration of hypotheses concerning the determinants of behaviors such as student drinking patterns; models that have examine the etiology of cycles of prohibition and temperance movements, origins of western European drinking cultures (attitudes and behaviors concerning alcohol) from antiquity, eugenics, Progressive Era, and other social reform movements with moral overtones-Clean Living Movements; biographies of health and social reformers including Upton Sinclair; and oral histories of elderly monks. This collection is found at IUScholarWorks:

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Drinking Patterns of Nursing Students OVER Time: 1983 - 1987  
Implications for Nursing Education

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## BACKGROUND

Problem drinking and alcohol abuse constitute most western cultures' number one drug problem. In the United States a significant proportion of Americans are either directly or indirectly affected by alcohol related problems (National Institute on Alcohol Abuse and Alcoholism, 1987). Yet ironically, alcohol problems often remain unrecognized and the victims remain undiagnosed and untreated. While the diagnostic clues are often vague and subtle, part of the difficulty may lie in the lack of adequate alcohol education in nursing and medical schools (Hasselblad, 1984) both for self- awareness and information which could be used professionally. As primary care providers, nurses are in an excellent position to recognize drinking problems and alcoholism. Therefore, it is imperative that they become free of alcohol myths and misinformation early in their educational careers.

Unfortunately, an even more serious difficulty in detection and action is that many nurses themselves appear to suffer from alcohol abuse and problem drinking (Bissell & Haberman, 1984; Hendrix & LaGodna, 1986; Lee & Ventres, 1981; Lachman, 1986; Penny, 1986). Jefferson and Esnor (1982) indicated that 67% of the disciplinary proceedings brought against nurses in 35 states were related to some form of chemical abuse. The American Nurses Association estimated that the number of chemically dependent may be as high as 200,000 (Morse et. Al. (1984) and Buxton et al. (1984) estimate that eight to ten percent (135,000 - 170,000) of the total number of 1.7 million nurses (RNs and LPNs) in the United States suffer alcohol and other drug dependence.

Given the estimated high alcohol abuse rates among nurses, surprisingly

little is known about the alcohol knowledge and drinking patterns of student nurses in the United States or other countries. Engs (1980) found that the most commonly used drug among nursing students in Queensland, Australia was alcohol. Sixty-five percent of the nursing students consumed alcohol at least once per month. Haack and Harford (1984), in a study of senior students at an undergraduate program of a college of nursing in the northern part of the United States, found a somewhat higher percentage to be frequent drinkers and heavy drinkers than found among other female collegians. Additionally, about 10% reported that alcohol interfered with their school work and 4% with their job. The combined proportion with either problem was 13%. Engs and Rendell (1987) found that over 90% of Scottish nursing students drank, with 44.5% drinking at least once per month.

Haack and Harford (1984) observed that most undergraduate nursing programs offer only two to four clock hours of instruction on addictions which included alcohol and other drugs while some schools provide none,

Given the estimated high incident of alcohol abuse among nurses and the fact that little information concerning alcohol or problem drinking appears to be available for student nurses, it is important to determine drinking patterns for curriculum development.

## METHODS

### Instrument

The *Student Alcohol Questionnaire* was used in the 1982-83 and 1984-85 national collection of student drinking patterns. It included demographic items, questions regarding the consumption of alcohol, and 17 items concerning

possible consequences of drinking.

The 17 items regarding problems asked if respondents, within the last year, had a hangover, driven a car after having had several drinks, had trouble with the law because of drinking, gotten into a fight after drinking, etc.

The questionnaire had been used in previous research (Engs, 1977) and instructions explained the voluntary nature of participation.

### Samples

The 1982-83 sample consisted of nursing students (N = 177) from a sample of 4,885 students collected by David Hanson, SUNY, Potsdam, NY and myself. The 1984-85 sample consisted of nursing students (N = 192) from a sample of 4,266 students and the 1987-88 sample (N = 62) from a national sample of 3887 students at 52 institutions over these three time periods. In all studies, the data were gathered from in-class administration of the questionnaire in survey-type sociology and health classes.

## RESULTS

Of all nursing students, over 72.4% had consumed alcohol within the past year. 7.6% were considered heavy drinkers (consuming 5 or more drinks once a week or more). (See table 1) Some of the 17 problems related to drinking and the percentage of students indicating they had experienced the problem during the preceding 12 months are as follows: 38.2%, vomited: 66.7%, experienced hangovers: 34.1% driven while drinking: 27.6%, driven after knowing they had too much to drink: 48.0%, driven after drinking, 17.1%, missed class because of drinking: 4.1%, cut class because of hangover: 5.7%, criticized by friends because of their drinking and 3.3% thought they had a problem with alcohol. (See table 2) There were few significant changes between the three time periods in term of drinking patterns or problems.

## RECOMMENDATIONS

The findings of this study appear to indicate a stability of drinking patterns and problems of the nursing students in this sample over the three time periods as few differences were found. Schools of Nursing need to gather baseline data to determine changes.

These results appear to have implications for alcohol education among student nurses both in terms of information for self-use and use with patients.

The author would like to recommend some basic information which could be included in units on alcohol and problem drinking. This information could be integrated in anatomy and physiology, psychiatry, medical-surgical, maternal nursing, pharmacology, family and community health, nursing and other courses.

### **Sample outline for nursing education about alcohol, drinking and problem drinking**

- I. Acute physical effects of alcohol
  - A. The nature of ethanol as a depressant drug
  - B. Blood Alcohol Concentration in relationship to the effects of alcohol upon the central nervous system
  - c. The interaction of alcohol with other drugs
  - D. The fetal alcohol syndrome
  - E. Acute alcohol intoxication and withdrawal
  - F. Nursing implications and management of acute alcohol intoxication, fetal alcohol syndrome and prenatal counseling
- II. Physiological effects of chronic alcohol abuse
  - A. Effect of chronic alcohol abuse on the central nervous system

- B. Effect of chronic alcohol abuse on the cardiovascular, genital-urinary, gastrointestinal, liver and other systems
- c. Physical dependency and the withdrawal syndrome
- D. Nursing implications and management of alcohol dependency, the withdrawal syndrome and chronic central nervous and other system Damage.

### III. Psychosocial aspects of acute alcohol consumption

- A. Historical and cultural uses of alcohol
- B. Responsible choices concerning drinking and methods for responsible alcohol consumption for those who chose to drink

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**Table 1. Percentage of nursing students who drank according to drinking pattern\***

Drinking pattern	1983	1985	1987
Abstainer .....	31.1	25.0	33.9
Infrequent drinker.....	11.3	8.7	9.7
Light drinker.....	13.6	20.7	11.3
Moderate drinker.....	17.5	17.4	21.0
Moderate/heavy drinker.....	17.5	19.6	16.1
Heavy drinker.....	9.0	8.7	8.1

\*From the beverage (beer, wine or distilled spirits) most frequently used and the amount of beverage consumed on a typical occasion a Q-F level was calculated for each subject, who was then placed in one of six categories: "abstainer", drinking less than once a year or not at all: "infrequent drinker", drinking at least once a year but less than once a month: "light drinker", drinking at least once a month but not more than 1 to 3 drinks at any one sitting: "moderate drinker", drinking at least once a month with no more than 3 to 4 drinks, or at least once a week with no more than 1 to 2 drinks, at any one sitting: "moderate-heavy drinker", drinking 3 to 4 drinks at least once a week or drinking 5 or more drinks at least once a week: "heavy drinker", drinking 5 or more drinks more than once a week. The "abstainer" category was used according to the procedure outlined by Mulford and Miller (28). The same categories were used for men and women.

**Table 2. Percentage of drinkers who experienced drinking problems during  
the preceding year**

Drinking problem	1983	1985	1987
Had a hangover .....	65.3	69.6	58.5
Vomited as a result of drinking.....	33.9	33.3	39.0
Driven a car after having had several drinks.....	43.0	49.3	48.8
Driven a car when they knew they had drunk too much.....	26.7	27.5	29.3
Driven a car while drinking.....	31.7	30.4	34.1
Came to class after having several drinks.....	5.0	2.9	2.4
"Cut a class" after having several drinks.....	3.3	2.9	9.8
Missed a class because of hangover.....	16.5	20.3	12.2
Been arrested for driving while intoxicated .....	0.8	0.9	5.1
Been criticized by someone they were dating because of their drinking .....	11.6	5.8	7
Had trouble with the law because of drinking.....	3.3	0.0	9.8
Lost a job because of drinking.....	0.8	0.0	4.9
Gotten a lower grade because of drinking too much.....	3.3	2.9	4.9

**Table 2 continued:**

Drinking problem	1983	1985	1987
Gotten into trouble with school administration because of behavior resulting from drinking too much. ...	1.7	0.0	7.3*
Gotten into a fight after drinking.....	6.6	8.7	7.3
Thought they might have a problem with their drinking.....	3.3	4.3	5.0
Damaged property, pulled a false fire alarm, or other such behavior after drinking.....	2.5	0.0	12.2*

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\*p<.05